

JC10 Rec'd PCT/PTO 0-8 JUN 2005

#4

patdocs/misspart

MI 6029 (US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of)
)
Anteo Pelliconi et al.)
)
Serial No. **10/518,882**)
)
Filed **December 20, 2004**)
)
International Appln. No.: **PCT/EP03/06097**)
)
International Appln. Filing Date: **June 11, 2003**)
)
For **IMPACT-RESISTANT POLYOLEFINS**)
COMPOSITIONS)

Mail Stop PCT
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:


LETTER REGARDING MISSING REQUIREMENTS UNDER 35 USC 371

With reference to the Notification of Missing Requirements Under 35 USC 371 in the United States Designated/Elected Office, mailed June 6, 2005, and the statement that the Oath or Declaration, in compliance with 37 CFR 1.497(a) and (b), must identify the application by the International application number and international filing date, please note the papers filed for this application on December 20, 2004, included a copy of the PCT Request, which included the completed Declaration in Box No. VIII (iv) as well as the signature of the inventor named in Box No. X. For your reference and convenience we enclose another copy of said PCT Request with this Letter.

There is believed to be no fee due with this response to the Notification of Missing Requirements considering there were in fact no requirements missing from this application. However, if a fee is indeed due, please charge such to Deposit Account No. 08-2336.

Respectfully submitted,

ANTEO PELLICONI ET AL.

By 
William R. Reid
Registration No. 47,894
Attorney for Applicant

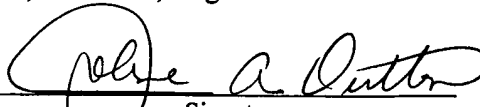
Enclosure

912 Appleton Road
Elkton, Maryland 21921

June 17, 2005

Attorney's Telephone No.: 410-996-1783
Attorney's Facsimile No.: 410-996-1560

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450 on June 17, 2005.


Signature
June 17 2005
Date

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 03 / 06097

International Application No.

11 JUN 2003

International Filing Date

(11.06.2003)

OFFICE EUROPEEN DES BREVETS
DEMANDE INTERNATIONALE PCT
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) MI6029

Box No. I TITLE OF INVENTION

Impact-resistant polyolefin compositions.

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Basell Poliolefine Italia S.p.A.
Via Pergolesi, 25
20124 Milano
Italy

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PELLICONI, Anteo
Via Volta, 22
45030 - Santa Maria Maddalena, Rovigo
Italy

This person is:



applicant only



applicant and inventor



inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

IT

State (that is, country) of residence:

IT

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

GAVERINI, Gaetano
Basell Poliolefine Italia S.p.A.
Intellectual Property
Via Pergolesi 25
20124 Milano
Italy

Telephone No.

+39 02 6712 4088

Facsimile No.

+39 02 6712 7373

Teleprinter No.

Agent's registration No. with the Office
89390

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>ANGELINI, Antonella Via Val Trebbia, 16 44100- Ferrara Italy</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: IT	State (that is, country) of residence: IT
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>SGARZI, Paola Via Borgo dei Leoni, 83 44100-Ferrara Italy</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: IT	State (that is, country) of residence: IT
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of:</p> <p><input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PH Philippines |
| <input type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> SC Seychelles |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CN China | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CO Colombia | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> GD Grenada | | |
| <input type="checkbox"/> GE Georgia | | |
| <input type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:
 - (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
 - (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
 - (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
 - (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
 - (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
 - (vi) if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

Continuation of Box N° IV

The person identified below are hereby/have been appointed to act on behalf of the applicant(s) before the competent International Authorities as AGENT:

FISAULI, Beatrice

Basell Poliolefine Italia S.p.A.
Intellectual Property
Via Pergolesi 25
I-20124 Milano
tel. +39 02 6712 4551
fax +39 02 6712 7373

COLUCCI, Giuseppe
GIBERTI, Stefano
REVERZANI, Cristina

Basell Poliolefine Italia S.p.A.
Intellectual Property
P.le G. Donegani 12
I-44100 Ferrara
tel. +39 0532 46 7652
tel. +39 0532 46 8135
tel. +39 0532 46 7300
fax +39 0532 46 7675

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 26 June 2002 (26/06/02)	02014214.7		EP	
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☒ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : | |
| <input checked="" type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : | 1 |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : | |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : | 1 |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : | |

10/518882
PCT/EP 03/06097

Rec'd PCT/PTO 08 JUN 2005

Sheet No. 6

Box No. VIII (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT

The declaration must conform to the standardized wording provided for in Section 212; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (ii). If this Box is not used, this sheet should not be included in the request.

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4.17(ii) and 51 bis.1(a)(ii)), in a case where the declaration under Rule 4.17(iv) is not appropriate:

In relation to this international application, Basell Poliolefine Italia S.p.A. is entitled to apply for and be granted a patent by virtue of the following:

Basell Poliolefine Italia S.p.A. is entitled as employer of the inventors:
Pelliconi Anteo, Angelini Antonella and Sgarzi Paola.

This declaration is made for the purposes of all designation.

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (ii)".



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/518,882	Anteo PELLICONI	MI 6029 (US)

INTERNATIONAL APPLICATION NO.

PCT/EP03/06097

I.A. FILING DATE	PRIORITY DATE
------------------	---------------

06/11/2003

06/26/2002

34872
 BASELL USA INC.
 INTELLECTUAL PROPERTY
 912 APPLETON ROAD
 ELKTON, MD 21921

RECEIVED BASELL

JUN 08 2005

IP/LAW

CONFIRMATION NO. 5313

371 FORMALITIES LETTER



OC000000016195752

Due: 8/6/05

Date Mailed: 06/06/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 12/20/2004
- Copy of the International Search Report filed on 12/20/2004
- Preliminary Amendments filed on 12/20/2004
- Information Disclosure Statements filed on 03/14/2005
- U.S. Basic National Fees filed on 12/20/2004
- Priority Documents filed on 12/20/2004

06/27/2005 GFREY1 00000079 082336 10518882

01 FC:1617 130.00 DA

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- **\$130** Surcharge for providing the oath or declaration later than 30 months from the priority date (37 CFR 1.492(e)) is required.

SUMMARY OF FEES DUE:

Total additional fees required for this application is **\$130** for a Large Entity:

- **\$130** Late oath or declaration Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

FRANCINE YOUNG

Telephone: (703) 308-9140 EXT 215

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/518,882	PCT/EP03/06097	MI 6029 (US)

FORM PCT/DO/EO/905 (371 Formalities Notice)